PATENT                                              Attorney Docket No. NG-31336

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|---|---|---|
| Applicant | : | Goggins, Timothy P. |
| Application No. | : | 09/683,921 |
| Filing Date | : | March 1, 2002 |
| Title | : | Lenticular Bar Code Image |
| Examiner | : | Kumiko Koyama |
| Art Unit | : | 2876 |
| Confirmation No. | : | 3798 |

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**JAN 3 0 2004**

# OFFICIAL

### CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

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       **37 CFR 1.8(a)**                            **37 CFR 1.10**

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**Transmission**

■     transmitted by facsimile to Fax No. (703) 872-9306 addressed to Examiner Koyama at the U.S. Patent and Trademark Office.

Date:   1-30-04                   *Bernadette M. Jackson*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

### AMENDMENT TRANSMITTAL

1.     <u>Transmitted herewith is:</u>     Amendment Transmittal
                                   Response

### STATUS

2.     Applicant is a small entity.

07/14/2004 TDAWKINS 00000004 232053   09683921

01 FC:2253      475.00 DA
02 FC:2202       36.00 DA

MKE/908490.1

PATENT RESPONSE

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|---|---|
| Application: | 09/683,921 |
| Filing Date: | March 1, 2002 |
| Inventor: | Timothy P. Goggins |
| Title: | Lenticular Bar Code Image |
| Examiner: | Kumiko Koyama |
| Art Unit: | 2876 |
| Attorney Docket: | NG-31336 (07845.0032) |
| Confirmation No.: | 3798 |
| Customer No.: | 022202 |

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#### Mailing

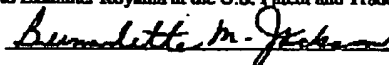☐    deposited with the U.S. Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

        37 CFR 1.8(a)                        37 CFR 1.10

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Date: _/-30-04_                  _Bernadette M. Jackson_

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

## RESPONSE

Dear Sir:

| | |
|---|---|
| **Introductory Comments** begin on: | page 2 |
| **Amended Specification** begins on: | page 3 |
| **Amended Claims** begin on: | page 5 |
| **Remarks** begin on: | page 15 |
| **Conclusion** begins on: | page 20 |
| **Extension of Time** begins on: | page 21 |

1

MKE/904785v1

*USSN 09/683,921*                                          *Transmittal*

## EXTENSION OF TERM

3.    The proceedings herein are for a patent application and the provisions of 37 CFR §1.136 apply.

[ ]    Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.

[X]    Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below [fees: 37 C.F.R. §1.17(a)(1)-(4)] :

| Extension (months) | | Fee for other than small entity | Fee for small entity |
|---|---|---|---|
| [ ] | one month | $   110.00 | $   55.00 |
| [ ] | two months | $   420.00 | $   210.00 |
| [X] | three months | $   950.00 | $   475.00 |
| [ ] | four months | $   1,480.00 | $   740.00 |
| | | | Fee:   $   475.00 |

If an additional extension of time is required, please consider this a petition therefor.

## FEE FOR CLAIMS

4.    The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| Claims Remaining After Amendment | | Highest No. Previously Paid For | | Rate (Small Entity) | Additional Fee or | Rate (Large Entity) | Additional Fee |
|---|---|---|---|---|---|---|---|
| Total           46 | Minus | 42 | = | 4  x 9= $36 | $ | x 18 | $ 36.00 |
| Independent   11 | Minus | 11 | = | 0  x 42= $ 0 | $ | x 86 | $ 0.00 |

FIRST PRESENTATION OF MULTIPLE DEP CLAIM

|  | TOTAL ADDIT. Fee $ | or | TOTAL ADDIT. Fee $   36.00 |
|---|---|---|---|

c. [ ] No additional fee for claims is required.
d. [X] Total additional fee for claims required $36.00

## FEE PAYMENT

5.    [X]    Charge Deposit Account 23-2053 in the amount of $511.00 for any extension and/or fee required or credit for any excess fee paid.
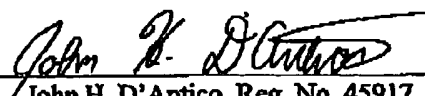
[ ]    Attached is a check in the sum of $_____

*USSN 09/683,921*                                                    *Transmittal*

## FEE DEFICIENCY

6.  [ **X** ] If any additional extension and/or fee is required, charge Account No. 23-2053.
    [ **X** ] If any additional fee for claims is required, charge Account No. 23-2053.

Date: January 30, 2004

*John H. D'Antico, Reg. No. 45917*

Whyte Hirschboeck Dudek S.C.
555 East Wells Street, Suite 1900
Milwaukee, WI  53202-3819
(414) 273-2100
Customer No. 022202

MKE/908490.1                              3

## PATENT APPLICATION FEE DETERMINATION RECORD
### Effective October 1, 2001

**Application or Docket Number**
09683921

### CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---|---|
| TOTAL CLAIMS | 42 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 42 minus 20= | * 22 |
| INDEPENDENT CLAIMS | 11 minus 3 = | * 8 |
| MULTIPLE DEPENDENT CLAIM PRESENT | ☐ | |

| SMALL ENTITY TYPE ☐ | | OR | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|
| RATE | FEE | | RATE | FEE |
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X$ 9= | 198.00 | OR | X$18= | |
| X42= | 336.00 | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | 904.00 | OR | TOTAL | |

\* If the difference in column 1 is less than zero, enter "0" in column 2

### CLAIMS AS AMENDED - PART II

**AMENDMENT A**

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * 42 | Minus | ** 42 | = |
| Independent | * 11 | Minus | *** 11 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | ☐ | | | |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X$ 9= | | OR | X$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

**AMENDMENT B**

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * 46 | Minus | ** 42 | = 4 |
| Independent | * 11 | Minus | *** 11 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | ☐ | | | |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X$ 9= | 36 | OR | X$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

**AMENDMENT C**

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | ☐ | | | |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X$ 9= | | OR | X$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
    The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.